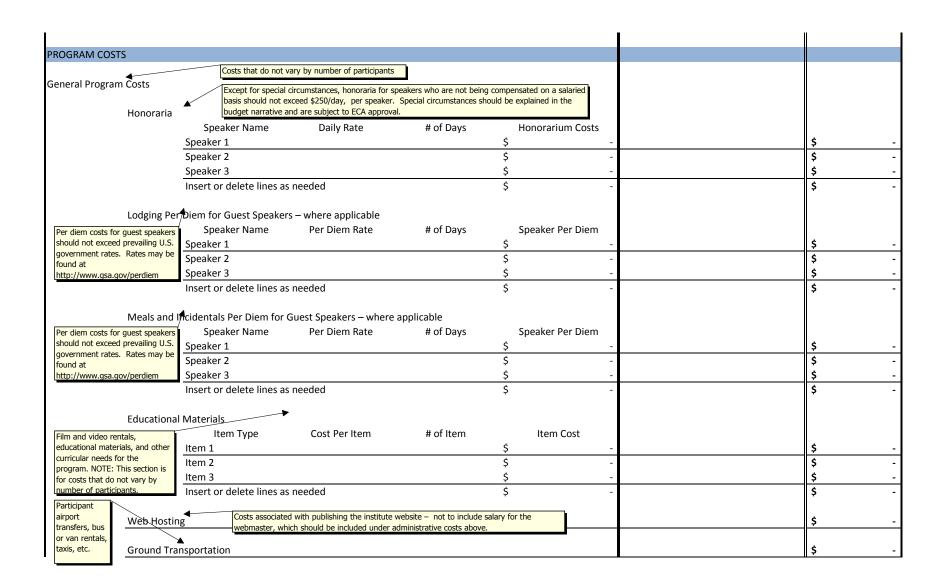
|   |   |             | Choose one of the follo<br>Journalism and New Mc<br>Local, Federal, and Star<br>Policymaking | edia                 |                             |                    |                   |
|---|---|-------------|--|----------------------|-----------------------------|--------------------|-------------------|
|   | Description   |             | Calculations   |                      | 2014 ECA Funds<br>Requested | 2014<br>Cost-Share | 2014 Total Budget |
| ADMINISTRATIVE COSTS                                | <u>→</u>  |             |  |                      |                             |                    |                   |
| Direct Expenses                                     | Administrative costs include s applicable Office of Managem |             |  |                      |                             |                    |                   |
| Staff Costs   |   |             |  |                      |                             |                    |                   |
| Salaries  |   |             |  |                      |                             |                    |                   |
|   | Staff Name/Title  | Base Salary | % of Time  | Cost of Staff Salary |                             |                    |                   |
|   | Staff 1   |             |  | \$ -                 |                             |                    | \$ -              |
|   | Staff 2<br>Staff 3  |             |  | \$ -<br>\$ -         |                             |                    | \$ -<br>\$ -      |
|   | Insert or delete lines as r                                 | pandad      |  | \$ -<br>\$ -         |                             |                    | \$ -              |
|   | insert of delete lines as i                                 | leeded      |  | -<br>-               |                             |                    | -                 |
| Benefits  |   |             |  |                      |                             |                    |                   |
|   | Staff Name/Title  | Base Fringe | % of Time  | Cost of Staff Fringe |                             |                    |                   |
|   | Staff 1   | o o         |  | \$ -                 |                             |                    | \$ -              |
|   | Staff 2   |             |  | \$ -                 |                             |                    | \$ -              |
|   | Staff 3   |             |  | \$ -                 |                             |                    | \$ -              |
|   | Insert or delete lines as r                                 | eeded       |  | \$ -                 |                             |                    | \$ -              |
|   | 4   |             |  |                      |                             |                    |                   |
| Other Direct Expenses                               | <b>^</b>  |             |  |                      |                             |                    |                   |
| Telephone, fax, postage,                            | Expense 1   |             |  |                      |                             |                    | \$ -              |
| copying, printing, office                           | Expense 2   |             |  |                      |                             |                    | \$ -              |
| supplies, etc. not accounted for in Indirect Costs. | Expense 3 Insert or delete lines as r                       |             |  |                      |                             |                    | \$ -              |
|   | insert or delete lines as r                                 | ieeaea      |  |                      |                             |                    | -                 |
| Subtotal Direct Expenses                            |   |             |  |                      | \$ -                        | \$ -               | \$ -              |
| •   |   |             |  |                      |                             |                    |                   |
| Indirect Costs                                      |   |             |  |                      |                             |                    |                   |
|   |   |             |  |                      |                             |                    |                   |
| Subtotal Indirect Costs                             |   |             |  |                      |                             |                    |                   |
|   |   |             |  |                      |                             |                    |                   |
| TOTAL ADMINISTRATIVE C                              |   |             |  |                      | \$ -                        | \$ -               | \$ -              |





|  |   |                            |                               |                               |                                  | I                            |                          | II | Ī |
|--|---|----------------------------|-------------------------------|-------------------------------|----------------------------------|------------------------------|--------------------------|----|---|
|  | Welcome/F   | arewell Events             |                               |                               |                                  |                              |                          |    |   |
|  | /   | /                          | Cost/Participant              | # of Participants             | Event Cost                       |                              |                          |    |   |
|  |   | Event 1                    |                               |                               | \$ -                             |                              |                          | \$ | _ |
|  |   | Event 2                    |                               |                               | \$ -                             |                              |                          | \$ | - |
| direct U.S. governm  | ent support.  | Insert or delete lines as  | needed                        |                               | \$                               |                              |                          | \$ | - |
|  |   |                            |                               |                               |                                  |                              |                          |    |   |
| [a   |   |                            |                               |                               |                                  |                              |                          |    |   |
|  | •   | Per Diem Rate              | # of Escorts                  | # of Nights                   |                                  |                              |                          | _  |   |
| diem location.   |   |                            |                               |                               | \$ -                             |                              |                          |    | - |
| with a with a 221 ratio by guests to participants, are allowable for direct U.S. government support.  Event 2 Insert or delete lines as needed  University Staff Escort Lodging Per Diem  Please provide the name of the per  City 1  Per Diem Rate # of Escorts # of Nights Per Diem Cost |   |                            | \$<br>¢                       | -                             |                                  |                              |                          |    |   |
|  |   | lota linas as naadad       |                               |                               | \$ -                             |                              |                          | ¢  | - |
|  | ilisert or de   | nete inies as needed       |                               |                               | ٠                                |                              |                          | ,  | - |
|  | University S  | Staff Escort Meals and Inc | identals Per Diem             |                               |                                  |                              |                          |    |   |
|  |   | •                          |                               | # of Days                     | Per Diem Cost                    |                              |                          |    |   |
|  | City 1  |                            |                               |                               | \$ -                             |                              |                          | \$ | - |
| diciri location.   | City 2  |                            |                               |                               | \$ -                             |                              |                          | \$ | - |
|  | City 3  |                            |                               |                               | \$ -                             |                              |                          | \$ | - |
|  | Insert or de  | elete lines as needed      | \$ -                          |                               |                                  | \$                           | -                        |    |   |
|  | DC Priofing   | Recipients must attend a b | riefing at the State Departme | nt, tentatively scheduled for | mid-April. Generally, the Academ | ic and Administrative Direct | tors should both attend. |    |   |
|  | •   |                            | # of Staff                    | # of Days                     | Subtotal Cost                    |                              |                          |    |   |
| Please include   | Airfare   |                            |                               | n/a                           | \$ -                             |                              |                          | \$ | - |
|  | Lodging   |                            |                               |                               | \$ -                             |                              |                          | \$ | - |
|  | Meals and   | Incidentals                |                               |                               | \$ -                             |                              |                          | \$ | - |
| during your visit  |   |                            |                               |                               |                                  |                              |                          |    |   |
|  | Follow-on Activities budget narrative should explain planned use of funds while retaining maximum |                            |                               |                               |                                  | \$                           | -                        |    |   |
| State at the   | \   | <b>\</b>                   | not limited to" you           |                               | eu Tor activities including, but |                              |                          |    |   |
|  | Incidental E  | expenses for DoS Debriefi  | ng '                          | •                             |                                  | '                            |                          | \$ | - |
|  | D 0   |                            |                               |                               |                                  | 4                            | <b>A</b>                 |    |   |
| Subtotal General   | Program Co  | sts                        |                               |                               |                                  | \$                           | - \$ -                   | Ş  | - |

| er Participant P                   | rogram Costs   | below USG ra                    | tes, where feasible, each parti   |   | um U.S. government establi     | iem rates. While on-campus and study tour h<br>shed allowance for meals and incidental expe<br>ww.gsa.gov/perdiem |                           |  |
|------------------------------------|--|---------------------------------|-----------------------------------|---|--------------------------------|---|---------------------------|--|
|                                    | Academic Resid   | ency Per Diem                   |                                   |   |                                |   |                           |  |
|                                    | Item   | Cost/Rate                       | # of Participants                 | # of Nights/Days  | Subtotal Cost                  |   |                           |  |
|                                    | Lodging  |                                 |                                   |   | 3                              | -   | \$                        |  |
|                                    | Meals and Incid  | entals                          |                                   | :   | 5                              | -   | \$                        |  |
|                                    |  |                                 | In order to keep costs dow        | e gender in each room.  |                                |   |                           |  |
| Please provide the                 | Tour Lodging Pe  | r Diem By City<br>Per Diem Rate | # of Participants                 | # of Nights   | Per Diem Cost                  |   |                           |  |
| ame of the per                     | ,  | Per Diem Kate                   | # OI Participants                 | · ·   |                                |   |                           |  |
| em location.                       | City 1   |                                 |                                   |   |                                | -   | \$                        |  |
|                                    | City 2   |                                 |                                   |   |                                | -   | \$                        |  |
|                                    | City 3   | 1. 1.1                          |                                   |   | <u> </u>                       |   | \$                        |  |
|                                    | Insert or delete   | illes as fieeded                |                                   | •   | <b>)</b>                       |   | •                         |  |
|                                    |  | Incidentals Per Dier            |                                   |   |                                |   |                           |  |
| ease provide the<br>ime of the per | City   | Per Diem Rate                   | # of Participants                 | # of Days   | Per Diem Cost                  |   |                           |  |
| diem location.                     | City 1   |                                 |                                   |   | )                              |   | \$<br>\$                  |  |
|                                    | City 2<br>City 3   |                                 |                                   |   |                                |   | ۶                         |  |
|                                    | Insert or delete   | lines as needed                 |                                   |   | <u> </u>                       | <u>-</u>  | \$                        |  |
|                                    |  |                                 |                                   |   |                                |   |                           |  |
|                                    | Institute Textbo   | oks and Materials               | Use this line iten                | for required readings, etc.   |                                |   |                           |  |
|                                    |  | Item                            | Item Cost                         | # of Participants   | Materials Cost                 |   |                           |  |
|                                    | Во   | ok 1                            |                                   | :   |                                | -   | \$                        |  |
|                                    | Otl  | ner 1                           |                                   | :   |                                | -   | \$                        |  |
|                                    | Ins  | ert or delete lines a           | s needed                          | :   | 5                              | -   | \$                        |  |
|                                    | Book and Cultur  |                                 |                                   | e \$600 to purchase U.S. studies<br>rest. These funds are not to be |                                | area of interest. These funds can also be use ogram activities or materials.                                      | ed to cover admissions to |  |
|                                    |  | Item                            | Item Cost                         | # of Participants   | Allowance Cost                 |   |                           |  |
|                                    | Alle   | owance                          | \$ 600                            | •   | 5                              | -   | \$                        |  |
|                                    | Use this line item for cultural activities planned for the group as part of the institute program, either during the academic residency of |                                 |                                   |   |                                |   |                           |  |
|                                    | Participant Adm  | issions                         | use this line item for cultural a | ctivities planned for the group a                                   | s part or the institute progra | am, either during the academic residency or tr  | le study tour.            |  |
|                                    |  | Activity                        | Cost per Person                   | # of Participants   | <b>Activity Cost</b>           |   |                           |  |
|                                    | Act  | tivity 1                        |                                   |   | 5                              | -   | \$                        |  |
|                                    | Act  | tivity 2                        |                                   |   | 5                              | -   | \$                        |  |
|                                    | Act  | tivity 3                        |                                   | :   |                                | -   | \$                        |  |
|                                    | Ins  | ert or delete lines a           | needed                            |   |                                | -   | \$                        |  |

